



8/18/2008

Indiana Access To Recovery (ATR) – Client Choice Form

INATR – 001 – Marion

I _____, understand that the Indiana Access to Recovery is a
(Enter Client's Name)
voluntary program and that my participation in the program is because I want to recover from my addictions.

I understand that there are a number of providers qualified to provide any service that I may require during my participation in the ATR program. I also understand that I may choose the providers that provide services to me while I participate in the program. I understand that the following providers are ready to provide Indiana ATR clients with recovery consultation.

Name of Organization	Phone	Fax
ANSAR	317-291-4444	317-713-1141
Keys to Work	317-974-1500, press "0" when recording starts.	317-974-1727
Community Outreach Network Services	317-524-6841	317-524-6844
Rich Recovery Services	317-523-8228	TBA-please call
Women Entrepreneurs of America	317-890-0933	317-255-3367

From the above list I have selected _____ to provide this service.
(Enter Name of Recovery Consultant)

No one has exerted pressure on me to select this particular provider and I am confident that this provider is best suited to meet my needs for recovery consultation. I understand that if I find that this provider does not meet my needs, I may select another provider to replace this provider at any time. I understand that
_____ may not be willing or have the ability to provide recovery
(Enter Name of Recovery Consultant)
consultation to me, in which case I will need to select a different provider.

I understand that the Recovery Consultant will need to contact me.

I authorize my chosen Recovery Consultant to contact me by contacting me at the following:

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

I authorize the referral agency to release my information to help the Recovery Consultant contact me:

Referral Agency: _____

Referral Agent: _____

_____/_____/_____
Signature Date